

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

## FILED EFFECTIVE

2018 FEB 28 AM 9: 07

		SECRETARY OF STATE STATE OF IDAHO	
The assumed business na Blue Zone Yoga	ame which the undersigne	ed use(s) in the transaction of business is:	
<u></u>			
The individual and/or entit	h, namaa and h,,,;inaaa ad		
	ame (do <u>not</u> include the name )	dress(es) of those doing business under	
Peter Mico	499 Sunnyside Rd Sa		
(Name)	(Address)	<del></del>	
(Name)	(Address)		
(Name)	(Address)		
(Name)	(Address)		
The general type of busine	ess transacted under the a	assumed business name is:	
Retail Trade	☐ Construction	☐ Transportation and Public Utilities	
☐ Wholesale Trade	Agriculture	Mining	
Services	☐ Manufacturing	Finance, Insurance, and Real Estate	
	_		
Mailing address for future	correspondence: 5	5. Name and address for this acknowledgment copy is (if other than # 4):	
Peter Mico		• •	
(Name)		(Name)	
499 Sunnyside Rd			
(Address) Sandpoint ID 83864		(Address)	
(City)	(State) (Zipcode)	(City) (State) (Zipcode)	
inted Name: Peter Mico	X)	Secretary of State use only	
	### L	ood vally of clate and any	
gnature:\\c	44/4V	idaho secretary of state	
nted Name:		03/01/2018 05:00	
<del></del>		CK:1257 CT:239918 BH:1629607	
gnature:		10 25.00 = 25.00 ASSUM NAME #	
nted Name			

Rev. 08/2015

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